



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE	Application Number	09/125,114
	Filing Date	August 18, 1998
	First Named Inventor	PRICE
	Group Art Unit	1617
	Examiner Name	Jiang, Shaojia A.
	Attorney Docket Number	2955-101
Title: DOSAGE FORM OF IBUPROFEN		

AMENDMENT AND REQUEST FOR RECONSIDERATION

See purpose
Commissioner of Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Dear Sir:

In response to the Office Action dated January 27, 2005, please amend the above-identified U.S. patent application as follows:

Amendments to the claims are reflected in the listing of claims which begins on page 2 of this paper.

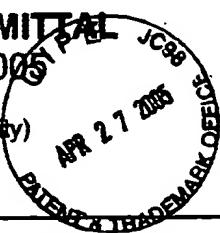
Remarks begin on page 15 of this paper.

05/09/2005 RHARMON 00000001 022135 09125114

01 FC:1202 700.00 DA
02 FC:1201 600.00 DA

FEETRANSMITTER
for FY 2005

(Large Entity)



		Complete if Known	
		Application Number	09/125,114
		Filing Date	August 18, 1998
		First Named Inventor	PRICE
		Examiner Name	Jiang, Shaojia A.
		Group Art Unit	1617
<input type="checkbox"/> Applicant claims small entity status		Attorney Docket Number	2955-101
Total Amount of Payment (\$1200)		Confirmation Number	7439

METHOD OF PAYMENT (check one)

- The Commissioner is hereby authorized to charge the fees indicated below or credit overpayment to Deposit Account Number 02-2135 in the name of Rothwell, Figg, Ernst & Manbeck
- Charge any additional fee required under 37 CFR 1.16 and 1.17 to Deposit Account No. 02-2135. (\$1200)
- Payment by check enclosed

FEES CALCULATION

1. FILING, SEARCH AND EXAMINATION FEES

Code	Fee	Fee Description	Fee Paid
1001	300	Utility Filing Fee	[]
	790	filed before Dec. 8, 2004	[]
1111	500	Utility Search Fee	[]
1311	200	Utility Examination Fee	[]
1002	200	Design Filing Fee	[]
	350	filed before Dec. 8, 2004	[]
1112	100	Design Search Fee	[]
1312	130	Design Examination Fee	[]
1003	200	Plant Filing Fee	[]
	550	filed before Dec. 8, 2004	[]
1113	300	Plant Search Fee	[]
1313	160	Plant Examination Fee	[]
1004	300	Reissue Filing Fee	[]
	790	filed before Dec. 8, 2004	[]
1114	500	Reissue Search Filing Fee	[]
1314	600	Reissue Examination Fee	[]
1005	200	Provisional Filing Fee	[]

SUBTOTAL \$

2. CLAIMS

	Extra Claims	Fee	Fee Paid
Total Claims	[52] - 38* = [14]	x \$50 =	[700]
Independent			
Claims	[9] - 6* = [3]	x 200 =	[600]
Multiple Dependent Claims		+ 360 =	[]

*or number previously paid, if greater

SUBTOTAL \$1300

SUBTOTAL \$790

3. APPLICATION SIZE FEE

Total Sheets [] - 100 = [] /50 = []** x \$250 =

** Number of each additional 50 or fraction thereof

SUBTOTAL \$

SUBMITTED BY		Complete (if applicable)		
NAME AND REG. NUMBER	Willem F. DeWeerd, Reg. No. 51,613			
SIGNATURE	Willem F. DeWeerd JF	DATE	April 27, 2005	DEPOSIT ACCOUNT USER ID 02-2135